# TOWN OF DAVIE TOWN COUNCIL AGENDA REPORT

**TO:** Mayor and Councilmembers

**FROM/PHONE:** Joseph Montopoli, Fire Chief/EMC 954-797-1842

**PREPARED BY:** Julie Downey, Assistant Fire Chief 954-797-1189

**SUBJECT:** First Aid and Medical Supples

**AFFECTED DISTRICT:** N/A

ITEM REQUEST: Schedule for Council Meeting

**TITLE OF AGENDA ITEM:** BID - A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA ACCEPTING BIDS FOR FIRST AID SUPPLIES AND EQUIPMENT. (\$120,000)

**REPORT IN BRIEF:** A competitive bid was conducted for supplying first aid supplies and equipment for Davie Fire Rescue Department. The Town sent out to thirty-three (33) prospective bidders. Additionally, the bid was advertised state-wide in Florida Bid Reporting and nationally in BidNet and also posted on the Town's website. The Town received thirteen (13) bids. The items needed by the Fire Department were broken down into groups. The bidders were told that to be considered for award, the MUST bid all items within the group. The Town did not get any qualified bids from groups A and G. Therefore, the Fire Department will revise the specifications for those groups and we will re-bid for those groups only. For all the rest of the groups, the recommendation is to award to the lowest bidder for each group as identified in the recommendation memo from Fire Department attached hereto. The initial term of the contract is one (1) year with an option to extend the contract for an additional year by mutual agreement of the parties. Contract extensions, if appropriate, will be approved by the Town Council.

**PREVIOUS ACTIONS:** Not Applicable

**CONCURRENCES:** The recommended award has been reviewed by the Fire Chief and the Bid Specification Committee who concur with the decision to award to the lowest bidder for each group.

FISCAL IMPACT: Yes

Has request been budgeted? Yes

If yes, expected cost: \$ 120,000

Account Name: Fire Department – First Aid Supplies and Equipment

What account will funds be appropriated from: 001-0602-522-0407

**RECOMMENDATION(S):** Motion to approve Resolution

Attachment(s): Procurement Authorization, Department Recommendation Memo, Bid Tabulation

RESOLUTION	
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A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA ACCEPTING BIDS FOR FIRST AID SUPPLIES AND EQUIPMENT.

WHEREAS, The Town is in need of first aid supplies and equipment for the Fire Department; and

WHEREAS, the Town solicited sealed bids for such first aid supplies and equipment; and

WHEREAS, after review, the Town Council wishes to accept the lowest bid for each group of first aid supplies and equipment as identified in Attachment "A"

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF DAVIE, FLORIDA.

<u>SECTION 1</u>. The Town Council hereby accepts the lowest bid for each group of first aid supplies and equipment as identified in Attachment "A".

<u>SECTION 2</u>. The Town Council hereby authorized the expenditure for the Fire Department-First Aid Supplies and Equipment Account Number 001-0602-522-0407.

SECTION 3. The initial term is one (1) year with an option to extend the contract for one (1) additional year by mutual agreement of the parties. Contract extensions, if appropriate, will be approved by Town Council.

<u>SECTION 4</u>. This resolution shall take effect immediately upon its passage and adoption.

PASSED AND ADOPTED THIS _	DAY OF	, 2008
ATTEST:		MAYOR/COUNCILMEMBER
TOWN CLERK		

APPROVED THIS DAY OF , 2008

## TOWN OF DAVIE PROCUREMENT AUTHORIZATION

ACCOUNT NUMBER	<b>BUDGET ITEM &amp;</b>	DESCRIPTIO	N APPROXIMATE	COST
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# TOWN OF DAVIE INTEROFFICE MEMORANDUM FIRE RESCUE DEPARTMENT

ATTACHMENT "A"

Date:

May 27, 2008

To:

Herb Hyman, Procurement Manager

From:

J. Downey, Assistant Chief

Through:

M. Malvasio, Deputy Fire Chief MM

Χ

Subject:

First Aid Supplies and Equipment

Attachment:

Yes

No

I have reviewed the first aid supply bid paperwork and have the following comments/recommendations:

**Group A** Recommendation to rebid this group, Item number 12 is only available to select distributors. It will be eliminated from future bids.

Group B Award to Kentron Health care

Group C Award to Henry Schein Matrx Medical

Group D Award to Tri-Anim Health Services Inc

Group E Award to Quad Med Inc

Group F Award to Henry Schein Matrx Medical

**Group G** Recommendation to rebid this group, it was brought to our attention that item number 120 was discontinued by manufacture. We have a letter from SharpSafety stating the new part number should be 31143731

Group H Award to DealMed Inc.

Group I Award to Henry Schein Matrx Medical

Group J Award to Kentron Health Care

Group K Award to Kentron Heath Care

Thank you for your assistance in this time consuming but worth while project. If you have any questions, please call me at 954-797-1189.

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BID NAME: SUPPLIES & Equipment
BID NUMBER: 08-63

TIME: 2:04p.m

ESTIMATED COST: \$\frac{120.000.00}{0.000.00}

NO.	CONTRACTOR'S NAME	BIR AMOUNT	COMMERCIAL RANKING
1;	Moore Medical	Dee	attached
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3.	Matrix Medical		
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5.	American Jurchisi	ng	
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7.	Buy Rite International	2 noBid	
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REMARKS

SPECIFICATIONS SENT TO THIRTY-THREE(3) PROSPECTIVE BIDDERS

TOWN RECOD THIRTBEN (13) PLOSPONSES (NINE(9) BIDS AND TWOOD "NO BID"

RESPONSES

NOTE: THE ABOVE BID AMOUNTS HAVE NOT BEEN CHECKED, AND BID TOTALS ARE SUBJECT TO CORRECTION AFTER THE BIDS HAVE BEEN COMPLETELY REVIEWED.

THIS IS ONLY A FINANCIAL RANKING OF ALL THE BIDS RECEIVED. THE USING DEPARTMENT IS RESPONSIBLE FOR REVIEWING THE BIDS FOR COMPLIANCE WITH ALL THE BID SPECIFICATIONS PRIOR TO SUBMITTAL OF LETTER OF RECOMMENDATION.

PURCHASING OFFICIAL: Cagie Salvices
WITNESS: SJANION

DATE: 4.29.08

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## Form (Rev. November 2005)

#### **Request for Taxpayer Identification Number and Certification**

Give form to the requester. Do not send to the IRS.

nternai	Revenue Service			
72	Name (as shown on your income tax return)			
page				
ğ	Business name, if different from above			•
9	Tri-anim Health Services, Inc.	<u>, , , , , , , , , , , , , , , , , , , </u>		Francis Gran Landson
Specific Instructions	Check appropriate box: Individual/ Sole proprietor I Corporation Page 1	tnership Other		Exempt from backup withholding
3	Address (number, street, and apt. or suite no.)	Requ	uester's name and add	ress (optional)
Ξ	13170 Telfair Avenue			
E	City, state, and ZIP code			
8	Sylmar, CA 91342			
See S	List account number(s) here (optional)			
Par	Taxpayer Identification Number (TIN)			
illen, vour Note	ryour tink in the appropriate box. The third provided security number (SSI), sole proprietor, or disregarded entity, see the Part I instructions on peremployer identification number (EIN). If you do not have a number, see all the account is in more than one name, see the chart on page 4 for	How to get a TIN on page	ge 3. Employer ide	or mification number 9   5   9   1   5   5
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Unde	er penalties of perjury, I certify that:		bar ta ba iss	had to mal and
1. 1	The number shown on this form is my correct taxpayer identification nu	mber (or I am waiting for	r a number to be issu	teu to me, and
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transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

are:

For federal tax purposes, you are considered a person if you

- of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

The U.S. owner of a disregarded entity and not the entity,

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# California Business Portal

Secretary of State DEBRA BOWEN

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## **Corporations**

The information displayed here is current as of "JUN 13, 2008" and is updated weel is not a complete or certified record of the Corporation.

For information about certification of corporate records or for additional corporate information, please refer to <u>Corporate Records</u>. If you are unable to locate a recommany request a more extensive search by ordering a status report. Fees and instruct for ordering a status report are included on the <u>Business Entities Records Order</u> Certificates and/or certified copies can also be requested using the order form.

Results of search for " Tri-Anim Health Services, Inc. "

Click on the name of the corporation for additional information.

Corp Number	Date Filed	Status	Corporation Name	Agent for Ser of Process
C0743366	4/28/1975		TRI-ANIM HEALTH SERVICES, INC.	ROBERT A BYE JR

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Form (Rev. January 2005) Department of the Treasury

## Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

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۷.	Revenue Servic	ce (IRS) that	t I am subject to	packup withholdi	ng, and				•	•
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## Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number .(TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  - 2. Certify that you are not subject to backup withholding,
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you

- An individual who is a citizen or resident of the United
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

 Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

- 1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
  - 2. The treaty article addressing the income.
- 3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

I, Richard Ball, being first duly sworn some full legal name and business address of the person Town of Davie ("Town") are as follows (Post Office)	n(s) of entity contracting with are
Name of Individual, Firm, or Organization:	Quadred INC
Address:	11210-1 Philips Hwy Industrial BlVdi
	Jacksonville FL 32256
FEIN	59-3184908
State and date of incorporation	FL. 1993
OWNERSHIP DISCLOSURE AFFIDAVIT	
1. If the contract or business transaction is vibusiness address shall be provided for each of who directly or indirectly holds five percent (the contract or business transaction is with a provided for each trustee and each beneficiar follows (Post Office addresses are not accept	5%) or more of the corporation's stock. If trust, the full name and address shall be y. All such names and address are as table):
Full Legal Name Add	bips Industrial BINDE 100 %
	%
	%
2. The full legal names and business address subcontractors, materialmen, suppliers, lab any legal, equitable, or beneficial interest. Town are as follows (Post Office addresses	in the contract or business transaction with the
Full Legal Name	Address

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Events	Name Histor	Υ		' Entity N	ame:

## **Detail by Entity Name**

### Florida Profit Corporation

QUADMED, INC.

## Filing Information

**Document Number** V63334

FEI Number

593184908

Date Filed

09/11/1992

State

FL

**Status** 

ACTIVE

Last Event

NAME CHANGE AMENDMENT

Event Date Filed

05/03/1993

**Event Effective Date NONE** 

#### **Principal Address**

11210-10 PHILIPS INDUSTRIAL BLVD EAST JACKSONVILLE FL 32256 US

Changed 04/21/2000

### **Mailing Address**

P.O. BOX 550773 JACKSONVILLE FL 32255-0773 US

Changed 05/01/1996

## **Registered Agent Name & Address**

PRICE, LISA M.

11851 MOUNTAIN WOOD LN JACKSONVILLE FL 32258 US

Name Changed: 05/23/1995

Address Changed: 05/23/1995

### Officer/Director Detail

Name & Address

Title P

PRICE, LISA M.

11851 MOUNTAIN WOOD LN JACKSONVILLE FL 32258

Title V

PRICE, MARLEY D 11851 MOUNTAIN WOOD LN JACKSONVILLE FL 32258

#### **Annual Reports**

Report Year Filed Date

2005

03/14/2005

2006

04/14/2006

2007

04/13/2007

## **Document Images**

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**Events** 

**Name History** 

Entity Name

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## Rev November 2005 Deventment of the Iteasury

## Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

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#### Certification

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

Certification instructions. You must cross but tem 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have falled to report oil interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must

arrangement (IRA), and generally, payments by	70.00 4.	
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Here U.S. person	As individual who is a cit	izen or resident of the United

#### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Centify that the Tilly you are giving is correct for you are waiting for a number to be issued),
  - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any pannership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected indome.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W 9

For federal (a) perposes, you are considered a personal you

- An individual who is a cit States.
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

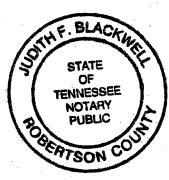
Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners, share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your strare of partnership income.

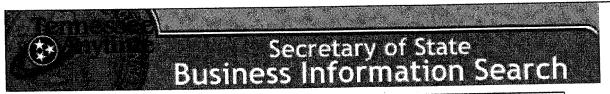
The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States in the following cases:

The U.S. owner of a disregarded entity and not the entity.

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Secretary of State Web Site

Instructions

#### Business Name,

Business ID Number, Type, Status

#### KENTRON HEALTHCARE, INC.

0285256, CORPORATION, ACTIVE

Details

#### 1 record(s) have been found

Note: This information is current as of three working days prior to today's date.

Search Again

Report a Technical Issue

# (Rev. November 2005)

## **Request for Taxpayer Identification Number and Certification**

Give form to the requester. Do not send to the IRS.

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- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a

U.S. exempt payee. In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

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The U.S. owner of a disregarded entity and not the entity.

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## NYS Department of State

## **Division of Corporations**

#### **Entity Information**

Selected Entity Name: HENRY SCHEIN, INC.

Selected Entity Status Information

Current Entity Name: HENRY SCHEIN, INC. Initial DOS Filing Date: FEBRUARY 25, 1993

County:

NASSAU

Jurisdiction:

**DELAWARE** 

**Entity Type:** 

FOREIGN BUSINESS CORPORATION

1 46 - - - -

**Current Entity Status: ACTIVE** 

Selected Entity Address Information

DOS Process (Address to which DOS will mail process if accepted on behalf of the entity)

C/O CORPORATION SERVICE COMPANY

**80 STATE STREET** 

ALBANY, NEW YORK, 12207-2543

**Chairman or Chief Executive Officer** 

STANLEY M. BERGMAN 104A MIDDLEVILLE ROAD NORTHPORT, NEW YORK, 11768

**Principal Executive Office** 

HENRY SCHEIN, INC. 135 DURYEA ROAD MELVILLE, NEW YORK, 11747

Registered Agent

CORPORATION SERVICE COMPANY 80 STATE ST.

ALBANY, NEW YORK, 12207-2543

NOTE: New York State does not issue organizational identification numbers.

Search Results

New Search

Division of Corporations, State Records and UCC Home Page NYS Department of State Home Page

## They November 2005 Department of the Treasury

## Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

e 2.	Name the shown on your income has return Dea Med, Inc.
n page	Business name, it unferent from autive Dealmed Medical Supplies
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₽ar	Taxpayer identification Number (TIN)
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	t II Certification
Unde	er penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be iss
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
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#### Purpose of Form

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  - Certify that you are not subject to backup withholding, or
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For federal fac perpolant, you are considered a person if you are

- An individual who is a citizen or resident of the United States.
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The U.S. owner of a disregarded entity and not the entity.

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Signature of Affiant Michael Einhorn Print Name \_ he/she is personally known to me or has presented NY Droce License identification. Notary Public, State of Florida at Large JERALD REINGOLD Notary Public, State of New York No. 01RE6085047 seral Reinglo Qualified in Kings County Expires on 12/16/10 Print or Stamp of Notary OIRE6085047 Serial Number My Commission Expires: 12/16/10

# **NYS Department of State**

## **Division of Corporations**

#### **Entity Information**

Selected Entity Name: DEALMED INC.

Selected Entity Status Information

Current Entity Name: DEALMED INC. Initial DOS Filing Date: MARCH 23, 2006

County:

**KINGS** 

Jurisdiction:

**NEW YORK** 

**Entity Type:** 

DOMESTIC BUSINESS CORPORATION

**Current Entity Status: ACTIVE** 

Selected Entity Address Information

DOS Process (Address to which DOS will mail process if accepted on behalf of the entity)

DEALMED INC. 1446 EAST 12TH STREET BROOKLYN, NEW YORK, 11230

Registered Agent

**NONE** 

NOTE: New York State does not issue organizational identification numbers.

Search Results

New Search

Division of Corporations, State Records and UCC Home Page NYS Department of State Home Page